

## INSTRUCTIONS FOR COMPLETING ADULT INDIGENT DEFENSE FEE CLAIM FORM

***Type only in the spaces provided on the form.***

1. **County** Enter the name of the county in which the appointment originated.
2. **Court Number** Enter the case number. If more than one case number, list the most serious charge first.
3. **Claim Type** Indicate whether you are a contract or non-contract attorney.
4. **Client First Name** Enter client's first name.
5. **Client Last Name** Enter client's last name.
6. **Date of Appointment** Enter the effective date of the court appointment and include a copy of the Appointing Order directly behind the claim form.
7. **Representing** Indicate whether you represented a "defendant" or "other." If "other," explain.
8. **Date of Service** Enter the date the case was dismissed, the client was acquitted or sentenced, the date on which a final dispositive hearing, or the date of the attorney's withdrawal from the case. If a Motion for Reconsideration is filed in a criminal case, the date the Court rules on that motion is the date of service. The Iowa Code requires that claims be filed within three months of the date of service. EXCEPTION—Claims with a date of service before July 1, must be submitted and paid before August 31 to be timely. Payment of untimely claims may be delayed.
9. **Iowa Code sections** List applicable code sections with the most serious charge listed first. **The hourly rate applicable to the first code section listed will determine the rate for the entire claim.**
10. **Client Charged With the Offense(s)** If more than one charge, list most serious charge first. If post-conviction case, list PCR and also the original charge. If contempt, just list contempt.
11. **Claim Summary** Provide the information on lines 12 through 21.
12. **Out-of-Court Hours** Enter the total hours, as shown on the itemization, claimed as out-of-court hours. Indicate hours in tenths. Do not include time spent preparing the fee claim. Note: If the itemization lists activities which are partially out-of-court and partially in-court, they should be listed as out-of-court time.
13. **In-Court Hours** Enter the total hours, as shown on the itemization, claimed as in-court hours. Indicate hours in tenths. Note: If the itemization lists activities which are partially out-of-court and partially in-court, they should be listed as out-of-court time.
14. **Total Attorney Hours** Combine lines 12 and 13.
15. **Rate** Enter hourly rate for total attorney hours and multiply line 14 by the rate and enter the total.
16. **Paralegal Hours** Enter the total hours, as shown on the itemization, claimed as paralegal hours.
17. **Rate** Enter hourly rate for total paralegal hours and multiply line 16 by the rate and enter the total.
18. **Hourly Fee Subtotal** Combine the extended amounts on lines 15 and 17 and enter the total.
19. **Expenses** List separately amounts claimed for telephone, copies, mileage, meals/lodging, postage, and other appropriate out-of-pocket expenses.
20. **Expense Total** Combine all expenses claimed.
21. **Claim Total** Combine lines 18 and 20 and enter the total here.
22. **Disposition** Check the appropriate box to indicate disposition. **Note: Interim claims are permitted only in class A and B felony cases and in proceedings under Iowa Code chapter 229A.** See Administrative Rules for further clarification.
23. **Billing Status.** Indicate whether prior claims have been submitted in this case and, if so, the total amount billed previously.
24. **Date** Indicate the date on which the claim was signed.
25. **Signature** The attorney appointed to the case must sign the form. Type/print first name [including initial] and last name in boxes.
26. **Make Payment to** Enter the name, address, telephone number, fax number, and Federal tax identification number or social security number in the appropriate boxes. If any of this information is different than prior claims, check "Change of Information."
27. **Approved for Payment** Leave Blank.

**Attachments** Attached to the claim form should be the following, **in this order**: a copy of the order appointing counsel, any application and order to exceed fee limitations, one itemization detailing the dates, services provided and billable hours for each service, and receipts for out-of-pocket expenses paid. The itemization should separately delineate in-court time, out-of-court time, paralegal time, and all expenses claimed. The total hours claimed should be the same as on the front of the claim form.

**For assistance in completing this claim, contact the State Public Defender's Office at 515-242-6158**

